

EXHIBIT F-2 - TAX CLAIMS SUBJECT TO MODIFICATION

CLAIM TO BE MODIFIED	CLAIM AS DOCKETED	CLAIM AS MODIFIED																												
Claim: 8458 Date Filed: 06/19/2006 Docketed Total: \$1,868.68 Filing Creditor Name and Address: STATE OF WISCONSIN DEPARTMENT OF REVENUE 2135 RIMROCK RD MADISON, WI 53713	Claim Holder Name and Address STATE OF WISCONSIN DEPARTMENT OF REVENUE 2135 RIMROCK RD MADISON, WI 53713 <table><tr><td><u>Case Number*</u></td><td><u>Secured</u></td><td><u>Priority</u></td><td><u>Unsecured</u></td></tr><tr><td>05-44623</td><td></td><td>\$1,727.11</td><td>\$141.57</td></tr><tr><td></td><td></td><td>\$1,727.11</td><td>\$141.57</td></tr></table>	<u>Case Number*</u>	<u>Secured</u>	<u>Priority</u>	<u>Unsecured</u>	05-44623		\$1,727.11	\$141.57			\$1,727.11	\$141.57	 <table><tr><td></td><td></td><td>Modified Total:</td><td>\$1,527.11</td></tr></table> <table><tr><td><u>Case Number*</u></td><td><u>Secured</u></td><td><u>Priority</u></td><td><u>Unsecured</u></td></tr><tr><td>05-44623</td><td></td><td>\$1,527.11</td><td>\$0.00</td></tr><tr><td></td><td></td><td>\$1,527.11</td><td>\$0.00</td></tr></table>			Modified Total:	\$1,527.11	<u>Case Number*</u>	<u>Secured</u>	<u>Priority</u>	<u>Unsecured</u>	05-44623		\$1,527.11	\$0.00			\$1,527.11	\$0.00
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		<p>Total Claims to be Modified: 1</p> <p>Total Amount as Docketed: \$1,868.68</p> <p>Total Amount as Modified: \$1,527.11</p>																												

*See Exhibit G for a listing of debtor entities by case number.

*UNL stands for unliquidated